

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>SLW</i>	68904	11/3/00
<b>O.I.P.E. CLASSIFIER</b>		10	11-8-00
<b>FORMALITY REVIEW</b>		71435	11/23/00, 3/21/00
<b>RESPONSE FORMALITY REVIEW</b>	MD	SC911	06/02/01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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